



012204

04772 U.S. PTO

COMMISSIONER FOR PATENTS
ALEXANDRIA, VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventors: Old et al

For: PIPERIDINYL PROSTAGLANDIN E ANALOGS

1. TYPE OF APPLICATION

This new application is for a

- ☒ Original
- ☐ Divisional
- ☐ Continuation-In-Part (CIP)
- ☐

2. PAPERS ENCLOSED WHICH ARE REQUIRED FOR FILING DATE UNDER 37 CFR 1.53(B) (REGULAR) OR 37 CFR 1.153 (DESIGN) APPLICATION

- 36 Pages of specification
- 9 Pages of claims
- 1 Pages of Abstract
- Sheets of Drawing
 - ☐ formal
 - ☐ informal
- A copy of the original patent application, including Claims and the Declaration and Power of Attorney

3. ADDITIONAL PAPERS ENCLOSED

- ☐ Preliminary Amendment
- ☒ Information Disclosure Statement
- ☒ Form PTO-1449 and references
- ☐ Other: Version with markings to show changes made (1 pg.)

4. ASSIGNMENT

- ☒ An assignment of the invention to Allergan, Inc.

CERTIFICATION UNDER 37 CFR 1.10

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date 1/22/04 in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV193717981US addressed to the: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Bonnie Ferguson Date Signed: 1/22/04
BONNIE FERGUSON

031356 U.S. PTO
10/763702



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5. FEE CALCULATION (37 CFR 1.16)

CLAIMS AS FILED						
Number Filed		Number Extra			Rate	Basic Fee \$770.00
Total Claims	22	-20 =	2	X	\$18.00	36.00
Independent Claims	3	-3 =	0	X	\$86.00	0.00
Multiple dependent claim(s), if any				X	\$290.00	\$ 0.00
[]	Amendment cancelling extra claims enclosed.					
[]	Amendment deleting multiple dependencies enclosed.					
[]	Fee for extra claims is not being paid at this time.					
Fee Calculation						\$806.00

6. DECLARATION OR OATH

[x] Enclosed
[] Not enclosed

7. FEE PAYMENT BEING MADE AT THIS TIME

[x]	basic filing fee	\$806.00
[]	additional claims	0.00
[]	additional independent claims	0.00
[]	multiple dependent claims	0.00
[X]	recording assignment (\$40.00)	40.00
Total Fees		\$846.00

8. METHOD OF PAYMENT OF FEES

___ A check in the amount of \$ _____ is enclosed.
X Charge Account No. **01-0885** in the amount of \$ 846.00.

9. AUTHORIZATION TO CHARGE ADDITIONAL FEES

Commissioner is hereby authorized to charge any following additional fees by this paper and during the entire pendency of this application to Account No. **01-0885**.
 [x] 37 CFR 1.16(a), (f) or (g) (filing fees)
 [x] 37 CFR 1.16(b), (c) or (d) (presentation of extra claims)

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~~01/29/2004 KREYENAL 00000007 010885 10763702~~
 Sale Ref: 00000024 DAB: 010885 10763702
 01-FC:1001 770.00 DA
 02-FC:1202 36.00 DA

Docket No. 17671(AP)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Old et al
Serial No.: Applied for

Filed: Herewith

For: PIPERIDINYL PROSTAGLANDIN
E ANALOGS

Examiner: Unknown

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) EV1937179815US addressed to: Mail
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) By: BONNIE FERGUSON

) Signature: Bonnie Ferguson

) Date of Signature: 1/22/2004
)

CERTIFICATE OF MAILING TRANSMITTAL SHEET

Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Enclosed herewith are the following documents:

- (X) Return/postage paid Postcard
- (X) Certificate of Mailing Transmittal Sheet
- (X) Transmittal Sheet
- (X) Declaration/Power of Attorney
- (X) Assignment and Assignment Cover Sheet
- (X) Information Disclosure Statement
- (X) PTO Form 1449 and copies of articles
- (X) Specification (46 pages)

Respectfully Submitted,



Bonnie Ferguson